

POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

12040 SOUTH LAKES DRIVE, SUITE 101
RESTON, VA 20191

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

TEL: (703) 707-9110
FAX: (703) 707-9112
WWW.POSZLAW.COM

DAVID G. POSZ
JAMES E. BARLOW *
BRIAN C. ALTMILLER
ROBERT L. SCOTT, II
CYNTHIA K. NICHOLSON
R. EUGENE VARNDELL *
THERESA B. VARNDELL *
KERRY S. CULPEPPER

DEBRA G. SHOEMAKER, PH.D. **

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FACSIMILE TRANSMISSION**Date:** 7/6/2006**Pages:** 15 (including this page)**To:**

USPTO

From: Cynthia K. Nicholson**Fax No.:**

571-273-8300

Subject:

Amendment

Comments:

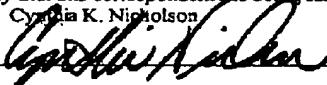
Title: METHOD FOR MANUFACTURING PRINTED WIRING BOARD

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) Petition for Extension of Time (2 months); and
- (3) 11-page Amendment

CERTIFICATE OF FACSIMILE TRANSMISSION

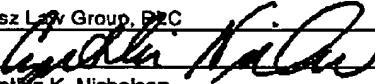
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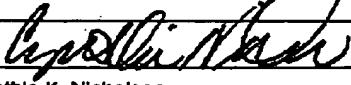
Signature: *******Notice*******

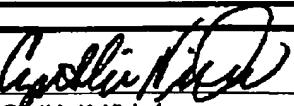
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/662,368
		Filing Date	9/16/2003
		First Named Inventor	YAZAKI
		Art Unit	3729
		Examiner Name	Carl J. ARBES
Total Number of Pages in This Submission		Attorney Docket Number	JUL 8 6 2006 01-241-DIV-RCE

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	Posz Law Group, P.C.
Signature	
Printed name	Cynthia K. Nicholson
Date	6 July 2006
	Reg. No. 36,680

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	6 July 2006

FEE TRANSMITTAL		RECEIVED U.S. PATENT AND TRADEMARK OFFICE CENTRAL FAX CENTER		
		Application Number	10/662,368	
		Filing Date	9/16/2003	
		First Named Inventor	YAZAKI	
Examiner Name		Carl J. ARBES		
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	3729	
TOTAL AMOUNT OF PAYMENT (\$ 450)		Attorney Docket No. 01-241-DIV-RCE		
METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
FILING FEES		SEARCH FEES		
Application Type		Small Entity	Small Entity	
Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250
Design	200	100	100	50
Plant	200	100	300	150
Reissue	300	150	500	250
Provisional	160	80	0	0
EXAMINATION FEES		EXAMINATION FEES		Small Entity
Application Type		Small Entity	Small Entity	Fee Paid (\$)
Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	\$
Utility	200	100	200	100
Design	130	65	130	65
Plant	160	80	160	80
Reissue	600	300	600	300
Provisional	0	0	0	0
2. EXCESS CLAIM FEES		Multiple Dependent Claims		Small Entity
Fee Description		Fee (\$)		Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50		25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200		100
Multiple dependent claims		360		180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =		x	=	_____
HP = highest number of total claims paid for, if greater than 20		Fee (\$)		Fee (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =		x	=	_____
HP = highest number of independent claims paid for, if greater than 3		Fee (\$)		Fee (\$)
3. APPLICATION SIZE FEE				(\$ for small entity)
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$				(\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).				Fee (\$)
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
- 100 =		/ 50 =	(round up to a whole number) x	Fee (\$)
4. OTHER FEE(S)				Fee (\$)
Non-English Specification, \$130 fee (no small entity discount)				Fee (\$)
Other, Petition for Extension of Time (2 months)				Fee (\$)
450				Fee (\$)
SUBMITTED BY				
Signature			Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson		Date	6 July 2006